



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

06/20/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	NYR000116400
INSTALLATION NAME	VERIZON
INSTALLATION ADDRESS	4062 GRUMMAN BLVD CALVERTON, NY 11933
MAILING ADDRESS	210 W 18TH ST NEW YORK, NY 10011

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: VERIZON
or Current Occupant
ATTN: CECIL MCINTOSH
210 W 18TH ST
NEW YORK, NY, 10011**

Please print or type with ELITE.

★ ★

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AM 2:28

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NY R0000716400

II. Name of Installation (Include company and specific site name)

Verizon

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

4062 Grumman Blvd

Street (Continued)

City of Town

Calverton

State

Zip Code

NY 11933

COUNTY CODE

County Name

103

IV. Installation Mailing Address

Street or P.O. Box

210 West 18th Street

City or Town

ALBANY AK

State

Zip Code

NY 12011

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

McIntosh

(First)

DeCicco

Job Title

Manager

Phone Number (Area Code and Number)

212 620-4220

VI. Installation Contact Address

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

Verizon

Street, P.O. Box, or Route Number

4062 Grumman Blvd

City or Town

Calverton

State

Zip Code

NY 11930

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

Yes

No

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel; (212) 637 4106

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace.
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption.
Indicate Type of Combustion Device(s):

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

TRANS-
PORTER
ONLY

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☒

3. Reactive (D003)

☐

4. Toxicity Characteristic

☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐☐☐☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

ORIGINAL

Name and Official Title (Type or print)

Date Signed

Cecil B. McIntosh

Cecil B. McIntosh, Manager

6/19/03

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)